## **Grandparent as Caregiver Family Assessment**

## **Family Information**

Grandparent Name(s)
Relationship to Child(ren)
Primary Address
·
Contact Number
Contact Number
Name and Area of Obild(serv) in Opera
Names and Ages of Child(ren) in Care
Background Information
Reason for Caregiving
Duration of Current Living Arrangement
Legal Custody Status
<b>▼</b>
Family Strengths
Describe strengths and positive supports within the family
Challenges and Needs
Current challenges (e.g., financial, health, support)

Identified needs or services	
Health and Well-being	
Physical health of caregiver(s)	
Emotional/mental health of family members	
Support Systems	
Family, friends, or community support	
Current participation in programs or services	
Additional Natas or Comments	
Additional Notes or Comments	